U.S. Fiduciary Income Tax Return for the year January 1-December 31, 1976, or other taxable year beginning ______, 1976, and ending _____ Internal Revenue Service Name of estate or trust ("Grantor type" trusts, see instruction O.) Employer identification number Check whether: ☐ Estate ☐ Simple trust Name and title of fiduciary Nonexempt charitable and split-interest □ Complex trust trusts check applicable boxes (See If trust, check whether: Inst. U.): Testamentary Described in section 4947(a)(1) Address of fiduciary (number and street) Inter vivos Not treated as a private foun- \Box "Grantor type" dation by reason of sec. 509(a) City, State, and ZIP code Also check if: (1), (2) or (3) ☐ Pooled income fund Described in section 4947(a)(2) No. If "No," has the fiduciary's address changed? Is this the first return? Yes No. 1 Dividends (Enter full amount before exclusion) 1 2 Interest 2 3 Income from partnerships and other fiduciaries 3 4 Gross rents and royalties 4 5 Gross profit (loss) from trade or business 5 6 Net gain (loss) from capital assets (Attach Schedule D (Form 1041)) 6 7 Ordinary gains and (losses) (Attach Form 4797) 7 8 Other income (State nature of income) 8 9 Total income (lines 1 to 8, inclusive) 10 Interest 10 11 Taxes 11 12 Fiduciary's portion of depreciation (Schedule A) and depletion. Explain depletion 12 13 Charitable deduction (Schedule B, line 9) 13 14 Other deductions (Itemize) DEDUCTIONS 14 15 Total (lines 10 to 14, inclusive) 15 16 Line 9 minus line 15 (Complex trusts and estates enter this amount in Schedule C, line 1 also) 16 17 Deduction for distributions to beneficiaries 17 18 Adjustment of dividend exclusion 18 19 Federal estate tax attributable to income in respect of a decedent (Fiduciary's share) 19 20 Long-term capital gain deduction. Enter 50% of Schedule D (Form 1041) line 17e 20 21 Exemption (If final return, see General Instruction M.) 21 Total (lines 17 to 21, inclusive) 22 23 Taxable income of fiduciary (line 16 minus line 22) 23 24 Tax on amount on line 23 (See tax rate schedule) 24 25 If alternative tax is applicable, enter the tax from Schedule D (Form 1041) line 29 25 26 Fiduciary's share of foreign tax credit (Attach Form 1116) 26 Fiduciary's share of investment credit (Attach Form 3468) 27 28 Fiduciary's share of work incentive (WIN) program credit (Attach Form 4874) 29 Total (lines 26 to 28, inclusive) 29 30 Balance (line 24 or 25, whichever is applicable, less line 29) 30 Tax from recomputing fiduciary's share of prior year investment credit (Attach Form 4255) 31 COMPUTATION Minimum tax (Attach Form 4626) 32 33 Total (lines 30 to 32, inclusive) 33 34 Fiduciary's share of credit for tax paid at source on tax-free convenant bond interest 35 Credit for Federal tax on special fuels, nonhighway gas and lub. oil (Attach Form 4136) 35 36 Credit from regulated investment companies (Attach Form 2439) 36 37 Tax previously paid (See Instruction 37 and attach Form 2758) 37 38 Federal income tax withheld (Attach Form W-2) 38 Total (lines 34 to 38, inclusive) 40 Balance of tax due (line 33 less line 39) 40 41 Overpayment (line 39 less line 33) 41 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. If prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has any knowledge. Sign Signature of fiduciary or officer representing fiduciary Date

Signature of preparer other than fiduciary (and employer's name)

Identifying number (see instructions)

here

Date

Address and ZIP code

For	m 1041 (1976)						rage Z
Sc	hedule A.—DEPRECIATION	—(See the Instruct	tions for Schedule	A for information on	the depreciation me	ethods.)	
	a. Description of property	b. Date acquired	c. Cost or other basis	d. Depreciation allowed or allow-able in prior years	e. Method of computing depreciation	f. Life or rate	g. Depreciation for this year
1	Total additional first-year depred	ciation—estates o	nly (do not inclu	de in items below)-		> .	
	Other depreciation:	1	l = '	1			
				<u> </u>			
3	Totals			<i>」.</i>			
4	Less amount of depreciation cla	aimed elsewhere o	on return				
5	Balance (line 3 minus line 4) .						
6	Fiduciary's portion of line 5. Ent	er here and on pag	ge 1, line 12 .		<u> </u>	<u> </u>	
Scl	nedule B.—CHARITABLE D	EDUCTION—(P	lttach statement g	iving name and addre	ss of charitable orga	anization.)	
1	Amounts paid or permanently s	et aside for charif	table purposes f	rom current year's	income		
2	Tax-exempt interest allocable to	charitable distrib	ution				
	(Complete lines 3 and 4 below only	if gain on Schedule	D (Form 1041) line	15, column 2, exceed	is	}	
	loss on Schedule D (Form 1041) line 14						
3	a Long-term capital gain includ	led on line 1 .				ļ	
	(Do not complete lines b and c if such		han line a)				
	b Enter gain on Schedule D (F	_					
	minus loss on Schedule D (Fe	-	1				
	c Enter gain on Schedule D (F	=	1				
	minus loss on Schedule D (Fo						
4	Enter 50% of the smallest of lin			uctions.)			
	Enter sum of line 2 and line 4						
6	Balance (line 1 minus line 5)						
7	Enter short-term capital gains a	and 50% of the lo	ng-term capital	gains of the currer	ıt taxable year all	ocable	
	to corpus, paid or permanently set aside for charitable purposes						
	Amounts paid or permanently set asid						
	Total (line 6 plus lines 7 and 8)						
Sc	hedule C.—DISTRIBUTABL	E NET INCOME	AND DISTRIE	SOLIONS DEDUC	JIIUN	1 - 1	
	Enter amount from page 1, lin					1	·
2	Add: a Tax-exempt interest (a					2a	·
	b Net gain shown on Sch					1 1	
	c Schedule B, lines 4 and					<u> </u>	
	d Short-term capital gain					d	
	e If amount on page 1, li			as a positive figure	e	e	
	Total (line 1 through line 2e)					3	
	If amount on page 1, line 6, is a						
	Distributable net income (line 3					$\left \frac{5}{6} \right $	
	Amount of income required to					7	
	Other amounts paid, credited, o					8	
	Total (lines 6 and 7)					9	
	Enter the total of tax-exempt inc					10	
	Balance (line 8 minus line 9) .					11	
	Enter distributable net income					12	
	Enter the amount from line 2a,					13	
13 11	Balance (line 11 minus line 1 Distributions deduction. Enter here and	.∠) Lon page 1. line 17. tl	he lesser of line 10	or line 13 above .			
	Date trust was created or if an estate	date of decedent's	leath Yes No	6 If a trust, was the			during the Yes No
1	Date trust was created of, if all estate	, uate of decedents t	Jeann.		ch Schedule J (Form		
2	Did you receive tax-exempt income? .			7 State number of S	•	•	W///\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	If "Yes," did you deduct any expenses					• •	19///19//
	If the estate or trust received income fi		7//// 7////	8 Is this the final retu			
	identifying number, and address of no		. 1////1///	9 Did the estate or tr	ust, at any time duri	ing the taxable	year, have
			1////1////		gnature or other autl cial account in a for		
			1////.1////.1	U.S. military bankin	ig facility operated b	y a U.S. finan	cial institu-
					tach Form 4683. (F		
4	If a complex trust, is this a section 663	(b) election?	1	O Was the estate or t	rust the grantor of,	or transferor to	o, a foreign ////
	If a complex trust, is this a section 663: If "Yes," state amount ▶				xable year, which fo axable year, whether	-	- 1////1/1///
	If a trust, is any section 644 tax due?			_	interest in such trus		1////.1///
	If "Yes," state amount ▶		tation.		is, see Form 4683.)		